

N100000 10312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

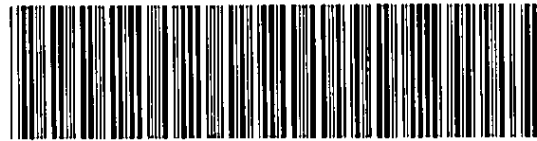
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FILED  
2019 APR 29 PM 6:01  
ALL APASSEE, HI

C. GOLDEN  
APR 30 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** INNER CITY ADVOCATES CORPORATION

**DOCUMENT NUMBER:** N10000010312

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL TURNER

(Name of Contact Person)

INNER CITY ADVOCATES

(Firm/ Company)

1944 49TH ST S SUITE 110

(Address)

GULFPORT, FLORIDA 33707

(City/ State and Zip Code)

innercityadvocates@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL TURNER

727

254-9316

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

21. → Please Change  
January 26, 2019  
Dx

NANIEL TURNER  
1944 49TH STREET S  
SUITE 110  
GULFPORT, FL 33707

SUBJECT: INNER CITY ADVOCATES CORPORATION.  
Ref. Number: N10000010312

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please check the type of action for each officer/director and you can only check one (1) box for the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 419A00001890

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

INNER CITY ADVOCATES CORPORATION

2019 APR 29 PM 6:01

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000010312

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation", or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

1944 49TH S SUITE 110

GULFPORT, FL 33707

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

4905 34TH ST S SUITE 177

SAINT PETERSBURG, FL 33711

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida N/A

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO &amp; I</u> <u>PRESIDENT</u>	<u>DANIEL TURNER</u>	<u>1944 49TH ST S</u> <u>GULFPORT, FL 33707</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO</u>	<u>ERNEST MCDONALD</u>	<u>1944 49TH ST S</u> <u>GULFPORT, FL 33707</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>COO</u>	<u>MYON TURNER</u>	<u>1944 49TH ST S</u> <u>GULFPORT, FL 33707</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>CACHERAL AINSLIE</u>	<u>1944 49TH ST S</u> <u>GULFPORT, FL 33707</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>TRAENISHA BROOKS</u>	<u>1944 49TH ST S</u> <u>GULFPORT, FL 33707</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>DEDERICK WOODARD</u>	<u>1944 49TH ST S</u> <u>GULFPORT, FL 33707</u>

Type of Action	Title	Name	Address (Check One)
7) <u>Change</u> <u>X</u> Add Remove	<u>D</u>	<u>KENYATTA RUCKER</u>	<u>1944 49<sup>TH</sup> ST S</u> <u>GULFPORT, FL 33707</u>
8) <u>Change</u> <u>X</u> Add Remove	<u>D</u>	<u>VALERIE LEWIS</u>	<u>1944 49<sup>TH</sup> ST S</u> <u>GULFPORT, FL 33707</u>
9) <u>Change</u> <u>X</u> Add Remove	<u>D</u>	<u>MARQUIS MATT</u>	<u>1944 49<sup>TH</sup> ST S</u> <u>GULFPORT, FL 33707</u>
10) <u>Change</u> <u>X</u> Add Remove	<u>D</u>	<u>SHAYLYNN TURNER</u>	<u>1944 49<sup>TH</sup> ST S</u> <u>GULFPORT, FL 33707</u>
11) <u>Change</u> <u>X</u> Add Remove	<u>D</u>	<u>ISHANDA MAYNARD</u>	<u>1944 49<sup>TH</sup> ST S</u> <u>GULFPORT, FL 33707</u>
12) <u>Change</u> <u>X</u> Add Remove	<u>D</u>	<u>DEANNA TURNER</u>	<u>1944 49<sup>TH</sup> ST S</u> <u>GULFPORT, FL 33707</u>
13) <u>Change</u> <u>X</u> Add Remove	<u>D</u>	<u>LARISA DAVIS</u>	<u>1944 49<sup>TH</sup> ST S</u> <u>GULFPORT, FL 33707</u>

14) Change  
X Add  
Remove

D

BETTIE SCOTT

1944 49<sup>TH</sup> ST S.  
Gulfport, FL 33707

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

N/A

JANUARY 1, 2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

N/A

Effective date if applicable:

\_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

**(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated APRIL 26, 2019

Signature \_\_\_\_\_

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DANIEL TURNER

\_\_\_\_\_  
(Typed or printed name of person signing)

CEO

\_\_\_\_\_  
(Title of person signing)